

Requesting an Enrollment Change

Summary

This notice is provided on behalf of the Arkansas Public Employees' Retirement System (APERS) to members who need to change information in their enrollment record. This notice explains how to submit a valid enrollment change request.

Enrollment Change Provisions

When your personal data, contact information, or beneficiary designation changes; you should request that we change your enrollment information in our records.

Contact Information

- **Mailing Address** – You can change your address to any valid postal address. You should provide a complete address. A complete address contains all necessary address elements: House number (including apartment, suite or room numbers), Street Name, Directional (ex: N, E, S or W), City, State, and Zip Code.
- **Email Address** – You can change your email address to any valid email address. A valid email address contains three parts: the local-part (usually your email account username), the "@" sign, and the domain name (ex: employee@arkansas.gov).
- **Daytime Telephone** – You can change your telephone number to any number at which you can be contacted during our normal business hours of 7:30 am-4:30 pm. Provide the full 10-digit number including the area code.

Personal Data

- **Name** – You can change your name due to a legal name change. You must provide documentation to support the name change. Acceptable documentation includes a copy of any of the following documents: Marriage License, Divorce Decree, Court Order, or Social Security Card.
- **Marital Status** – You can change your marital status due to one of the following marital events recognized by the System: a marriage, divorce, or death of a spouse.
- **Spouse Information** – You can change your spouse information by adding or removing a spouse. You can add only a legally-recognized spouse.

Beneficiary Designation

You can change your employee contributions beneficiary at any time. The change will revoke all beneficiaries that you previously designated.

A beneficiary can be any of the following:

- An individual who is a citizen or resident of the United States except that you cannot be the individual,

- A partnership, corporation, company or association created or organized in or under the laws of the United States, or
- An estate (other than a foreign estate) or trust.

Request Form Instructions

To request an enrollment change, you must complete the *Enrollment Change Request* form and submit it to our office. The form must be completed by you and in some cases by a notary public.

The following information explains how to complete sections I through VI of the *Enrollment Change Request* form.

I. Member Information

You must provide your SSN, the name and address that is currently in our records, the 5-digit employer number, and employer name.

II. Contact Information Change

You must provide your new mailing address, email address and daytime telephone number.

III. Personal Data Change

You must provide your new name, marital status, and spouse information (name, date of birth, and gender).

IV. Beneficiary Designation Change

You must provide the SSN, name, date of birth, relationship and gender of your new beneficiary.

V. Member Certification

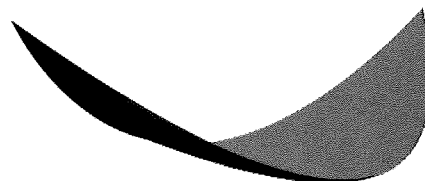
You must provide your signature and date to acknowledge that you received this publication and to authorize us to make the requested enrollment changes. Your signature also declares that your requested changes are not for deceptive reasons.

VI. Notary Acknowledgement

If you change your beneficiary, a notary public must complete this section to acknowledge your identity. Notaries must provide their signature and affix their seal or stamp. Your beneficiary designation will not be valid if this section is incomplete.

Additional Information

If you have any questions about requesting an enrollment change, please contact a call center representative toll free at 800-682-7377.



I. Member Information	
Social Security Number	Member Name (Last, First, Middle Initial)
Mailing Address	City, State, Zip Code
APERS Employer Number	APERS Employer Name

II. Contact Information Change	
Mailing Address	City, State, Zip Code
Email Address	Daytime Telephone Number

III. Personal Data Change		
Member Last Name	Member First Name	Member Middle Initial
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Spouse Name (Last, First, Middle Initial or "None")	
Spouse Date of Birth (mm/dd/yyyy)	Spouse Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	

IV. Beneficiary Designation Change		
Social Security Number	Name (Last, First, Middle Initial)	
Date of Birth (mm/dd/yyyy)	Relation	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

Social Security Number	Name (Last, First, Middle Initial)	
Date of Birth (mm/dd/yyyy)	Relation	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

Social Security Number	Name (Last, First, Middle Initial)	
Date of Birth (mm/dd/yyyy)	Relation	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

Social Security Number	Name (Last, First, Middle Initial)
------------------------	------------------------------------

V. Member Certification

- I acknowledge that I read the *Requesting an Enrollment Change* publication which explains the provisions for changing my enrollment information.
- I request and authorize APERS to make the personal data, contact information or beneficiary designation changes indicated above in sections II through IV. I declare that these changes are not for deceptive reasons.
- Beneficiary Changes: I revoke all beneficiaries who I previously designated and designate the person (or persons) above as beneficiary (or beneficiaries). I request the APERS Board of Trustees (Board) to pay the total amount of the accumulated contributions standing to my credit in the System to this person if my death occurs and there is no death benefit payable. I agree on behalf of myself, heirs and assigns that payment so made be a complete discharge of the claims and constitute a release of the System from any further obligations on account of the benefit.
- Beneficiary Changes: I hereby direct that should I survive the beneficiary, the amount which otherwise would have been payable to the beneficiary be paid according to the provisions of the retirement act or to such other beneficiary as I hereafter nominate by written designation filed with the System in accordance with the rules and regulations prescribed by the Board.

Member Signature	Date
------------------	------

VI. Notary Public Acknowledgement (Required Only for Beneficiary Changes)

State	County	Date Appeared	Affix seal or stamp here
Certificate of Acknowledgement Before me, the undersigned notary, personally appeared the above-named employee satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.			
Notary Public Signature		Date Commission Expires	